



Suicide Prevention

Hawai'i Injury Prevention Plan 2012-2017

Injury Prevention Advisory Committee
Injury Prevention and Control Section

Background and Accomplishments

The Injury Prevention and Control Section (IPCS) has led suicide prevention activities within the Hawai'i State Department of Health since 2005 with support from the Child and Adolescent Mental Health Division, the Adult Mental Health Division, and the Alcohol and Drug Abuse Division.

- ▶ The Prevent Suicide Hawai'i Task Force (PSHTF) has chapters in each county and includes more than 100 members representing a broad network of agencies and stakeholders. PSHTF provides guidance to IPCS related to suicide prevention programming and activities. PSHTF grew out of the Suicide Prevention Task Force that was initiated in 2000 by the Department of Health, Maternal and Child Health Branch.
- In 2006, IPCS secured funds for a permanent suicide prevention coordinator to lead and implement initiatives based on the National Strategy for Suicide Prevention and the Hawai'i State Plan for Suicide Prevention.
- ▶ With an established PSHTF and suicide prevention coordinator, suicide prevention gatekeeper trainings began to be offered statewide to representatives from health and human services, education, emergency services, faith-based organizations and the general public. Trainings included:
 - ASIST (Applied Suicide Intervention Skills Training) a two-day intensive training program to help participants identify and assess the risk of individuals in crisis and provide early intervention and referral to reduce the risk.
 - safeTALK a three hour suicide intervention training that prepares participants to identify persons with thoughts of suicide and connect them to suicide prevention first aid resources.
- In 2007, legislation was passed to support a youth prevention program with \$100,000 annually. IPCS used these funds, in collaboration with PSHTF, to build a statewide network of public and community partnerships with task forces on each island, to build public awareness and to increase professional and community capacity for responding to individuals at risk for suicide through gatekeeper training.
- In 2008, the Substance Abuse and Mental Health Services Administration awarded IPCS funding through the Garrett Lee Smith grant. The 3-year federal award provided \$500,000 annually to support continued implementation and evaluation of ASIST and safeTALK trainings and a pilot of the Signs of Suicide training for teachers and students. These gatekeeper trainings focused on youth, partnering with three agencies: Honolulu Police Department; Department of Education; Department of Health, Alcohol and Drug Abuse Division.
- In 2011, the Sustainability Plan for Suicide Prevention Training in Hawai'i was developed to address gatekeeper training needs for the future. The plan was built on previous efforts and community partnerships.

Recommendations

The following recommendations were informed by a needs assessment of 500 key stakeholders, including PSHTF members, ASIST trainers and other partners, and additional input was provided by PSHTF subcommittee chairs. IPCS, together with the PSHTF and other partners, agreed to continue expanding efforts highlighted in the Hawai'i Injury Prevention Plan 2005-2010. The national Suicide Prevention Resource Center supports these recommendations.

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Recommendation 1: Enhance ongoing suicide prevention trainings for gatekeepers

A "gatekeeper" can be any individual who interacts with others at work, in schools, at play, at home, or in community settings (i.e., other than clinical settings). Gatekeepers trained in suicide prevention and intervention learn to:

- ▶ Recognize early signs of suicidal behavior
- ▶ Implement timely and effective intervention strategies
- ▶ Identify opportunities to reinforce protective factors
- ▶ Intervene in crisis situations
- ▶ Refer people to appropriate professionals, or "open the gate" to mental health services

Training gatekeepers is considered a best practice among suicide prevention professionals. Evaluation of ASIST trainings has described positive gains in trainees' self-rated capacity to identify, assess, and refer potentially suicidal people, both immediately after the ASIST training, and approximately one year after.

Recommended Next Steps

- ▶ Continue evaluation of gatekeeper training programs to determine which approaches are most effective across different settings.
- ▶ Continue providing culturally competent trainings to increase the number of gatekeepers in the community.
 - Specific attention should be paid to training gatekeepers that reach underserved populations, including youth, seniors, the homeless, those who are incarcerated, adults with mental health challenges, and individuals who are lesbian, gay, bisexual or transgendered.

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Prevent Suicide Hawai'i Task Force

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Research Institute

- Recommended participants include law enforcement officers, school personnel, medical first responders, clinicians, community members with access to persons at-risk for suicide, and health education students.
- ▶ Use the Sustainability Plan for Suicide Prevention Training in Hawai'i to continue to build community access to trained gatekeepers.

Recommendation 2: Develop and implement a public awareness campaign

The stigma associated with suicide has been recognized as a barrier to treatment for many people who are having suicidal thoughts or who have made previous suicide attempts. Lives can be saved through public understanding that suicides are preventable and that individuals and groups can play a significant role in suicide prevention.

A statewide public awareness campaign would aim to increase awareness about suicide as a serious public health problem, dispel myths, and decrease stigma related to suicide. Messages and materials would support a shift in beliefs, promote help-seeking behavior, and publicize available prevention, intervention, and aftercare services in the community.

Recommended Next Steps

- ▶ Solicit input from community partners to develop and test clear, audience-specific messages to promote help-seeking behaviors.
- ▶ Work with partners to develop a dissemination plan and get messages out to the community.

Recommendation 3: Develop and promote effective clinical and professional practices and policies

Barriers to effective and appropriate services for individuals at risk for suicide include a shortage of culturally sensitive preventive services and treatment options for mental illness and substance abuse that promote help-seeking behaviors.

The health services system should be strengthened to:

- Raise awareness of services available.
- ▶ Ensure statewide access to screening and appropriate care.
- ▶ Provide culturally sensitive services that target underserved populations, including youth, seniors, the homeless, those who are incarcerated, adults with mental health challenges, individuals who are lesbian, gay, bisexual or transgendered, and others.
- ▶ Offer flexibility in health insurance reimbursements for mental health services.

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Recommended Next Steps

- ▶ PSHTF should provide leadership and coordination to:
 - Enhance collaboration with allied health areas to address the need for culturally sensitive prevention services.
 - Increase communication among health providers to improve the responsiveness of the system.
- ▶ Make trainings accessible to clinicians and provide continuing education credits as incentives.
- ▶ Continue providing culturally competent gatekeeper trainings to increase the number of gatekeepers in the community.